Minutes of Meeting

Health Services Council

Project Review Committee-I

DATE: 23 August 2005 TIME: 3:00 PM

LOCATION: Health Policy Forum

ATTENDANCE:

Committee I: Present: Victoria Almeida, Esq., (Vice Chair), Edward F. Almon, John W. Flynn, Robert S.L. Kinder, MD, Robert J. Quigley, DC, (Chair), Robert Ricci

Not Present: Joseph V. Centofanti, MD, John Keimig, Robert Whiteside, John Young

Excused Absence: Robert L. Bernstein

Other Members: Present: Maria Gil, Catherine E. Graziano, RN, Ph.D.

Staff: Valentina D. Adamova, Michael K. Dexter, Joseph G. Miller, Esq., JeanMarie Rocha, Laurie Round, Raymond Rusin, Elizabeth Shelov, Donald C. Williams

Public: (see attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Time Extension for the Minutes Availability

The meeting was called to order at 3:00 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. Minutes of the 28 June 2005, 12 and 28 July 2005 and 16 August 2005 meetings of the Project Review Committee - I were approved as submitted. The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by six in favor and none opposed (6-0) that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Almon, Flynn, Kinder, Quigley, Ricci.

2. General Order of Business

Ms. Almeida stated for the record that she is recusing herself with respect to the applications of MinuteClinic, Inc.

The first item on the agenda was the applications of MinuteClinic, Inc. for initial licensure of Organized Ambulatory Care Facilities at the following locations: 11 Main Street in Wakefield, 186 County Road in

Barrington, 1188 Pontiac Avenue in Cranston, 527 Main Street in East Greenwich, and 799 Hope Street in Providence. Staff distributed copies of the licensing statute and the review criteria for the Health Services Council for initial licensure of OACF. Staff distributed correspondence from the applicant, regarding the intent of the applicant to request a variance with respect to the requirement that there be a sink in the facility, and use alcohol based rubs. Also, the applicant provided large schematics for each of the proposed facilities and stated that if any member would like to see them they are available. In addition the applicant has noted in a letter that with respect to public/patient sinks/toilets, public phones, drinking fountains and the like, they would request an opportunity with to discuss those requirements. It appears that there will be some variances requested with respect to the strict licensure requirements for these facilities.

Mr. Beretta, legal counsel to the applicant, introduced Dr. Woodburn, Chief Medical Officer, Dr. Wisner, Vice President of Clinical Quality and Mr. Sabatini, Advisor Consultant. The applicant reviewed responses to the Committee's questions.

The Chairman noted that he is concerned about proposed locations and whether they would meet the needs of the underserved and uninsured populations. A member asked the applicant to rethink their response to Question #1. Mr. Flynn noted that in negotiation with Blue Chip the applicant is only addressing a very small percentage of

the RIte Care population.

Sen. Graziano stated that with regards to access, having a facility a mile away from a senior living facility does not guarantee access by those people. The Chairman noted that except for the Providence area, the other locations have an average of 5% of individuals below poverty levels which is small.

To the question of how close a facility is located to the poverty areas, the applicant stated that those percentages are for the whole town. Sen. Graziano noted that this therefore might not be close to the proposed clinic location.

The Committee discussed the proposed free care to be provided by the applicant. Staff noted that not turning away patients is different from providing charity care. The Chairman requested that the applicant provide charity care policy and documentation identifying the system that will be in place to provide charity care by Nurse Practioners. Staff noted that bad debt is not considered free care and that applicant needs to review its charity care figures. The applicant agreed.

Mr. Flynn noted that MinuteClinic has been in business for 5 years and has accumulated \$13 million in deficits. The applicant stated that they a start-up company that is growing rapidly and there is a 2 to 3 year ramp-up time for each new location.

Staff noted that the applicant did not provide the income and cash flow statements. The applicant stated that they would provide that information. The applicant stated that there have been no actions taken against MinuteClinic or its Nurse Practioners or any complaints to nursing boards.

The applicant noted that there is no regulatory standard or defined ratio for how many Nurse Practioners may collaborate with a physician in Maryland. Ms. Rocha, Director of Nursing for the Rhode Island Department of Health, stated that there are no ratio requirements in the regulations in Rhode Island regarding the collaborating agreement between the nurse practitioner and a physician. She stated that the Department of Health requires that the agreement be available in writing at the facility.

To a question by the Chairman regarding a condition of approval concerning the collaborative agreement, the applicant stated they would be reluctant to commit to standards that are more restrictive that those set by the State Board of Nurses.

To a question how the Nurse Practioners will determine which medication to prescribe, the applicant stated the list that would be generated would prioritize the medication by the most recommended by the guidelines as well as those that are of lowest cost. Staff noted that Appendix A #4 has an error and needs to be adjusted and that the operating profit should be approximately a loss of \$200,000. The applicant agreed.

The applicant discussed charges per service. The applicant stated that for subsequent visits for the same symptoms the client would be charged the same amount. The applicant stated that urine samples for bladder infections would be done at in a CVS' restroom. The Chairman stated that he has concerns about privacy and access and requested that the applicant identify how close to the proposed clinics the CVS' restrooms would be located.

The applicant stated that they plan on working with Neighborhood Health Plan and United Healthcare. The applicant stated that there will be on-call RN available from 6:30 am to 10:30 pm. The Chairman inquired if the on-call nurse would be licensed in Rhode Island. The applicant stated that currently this individual is not licensed in Rhode Island and they might not even be located in Rhode Island. To the question if the applicant would agree to have the on-call nurse be licensed in Rhode Island, the applicant agreed. To the question regarding the use of the medical answering system after hours, the applicant stated that those individuals are not licensed health care professionals but they refer clinical calls to the on-call Nurse Practioner who will be paged and will get back to the patient. The applicant stated that patients that continue to present with the same medical problems will not be turned away but will be encouraged to

contact a medical home.

Mr. Almon asked if the applicant can document that health care costs in Maryland and Minnesota have decreased. The applicant stated that the patient volume at MinuteClinic facilities is not high enough to reduce healthcare costs in those states.

The applicant stated that they collect co-pays for their services. The applicant noted that the Medical Director will only be available during operating hours and there will be no direct medical service provided by the Medical Director. The applicant noted that if the Nurse Practioner has a concern he/she would advise that person to go to the emergency room or urgent care center.

Staff requested that the applicant identify with regards to the hand washing variance, what it means by stating that a literal enforcement of the hand washing station requirement will result in unnecessary hardship. The applicant stated that this would increase their costs. The Chairman requested that in their schematics the applicant clearly identify the accessibility and distance to the restroom facilities at CVS from the clinic.

Mr. Flynn stated that he is still concerned about MinuteClinic's deficits and availability of funds for operating needs and asked the applicant to address those issues in more detail in their responses.

The Chairman allowed a member of the public to address the Committee. Dr. Halpren-Ruder voiced his concerns to the Committee about the proposal. He recommended that in order to meeting their charity care requirements, MinuteClinic might consider making donations to charitable clinics.

The Chairman noted that there would be follow up questions sent to the applicant. Staff noted that there would a Health Services Council meeting on 30 August 2005.

There being no further business the meeting was adjourned at 4:45 PM.

Respectfully submitted,

Valentina D. Adamova